

**CARES Plus Program Round 2
Program Operation Budget Narrative FY 2013-16
SAMPLE**

Instructions: Using the line item budget categories on Form R.6, please provide a narrative description that explains the expenditures in the proposed Program Operation Budget in Form R.6. Include in your narrative any proposed subcontractor relationships.

**[Insert County Commission Name]
Group B sample**

Stipends

Description: We anticipate that we will provide a total of \$XX,XXX in stipends per year, total 3 year budget \$XX,XXX Stipend structure as follows:

		FY 13/14	FY14/15	FY15/16
CORE Only	X participants	\$XXXX	\$XXXX	\$XXXX
Component A	X participants	\$XXXX	\$XXXX	\$XXXX
Component B	Not offered			
Component C	X per participant X number served	\$XXXX	\$XXXX	\$XXXX
Component D	X participants	\$XXXX	\$XXXX	\$XXXX
Longevity	X participants	\$XXXX	\$XXXX	\$XXXX
Selected for CLASS	X participants	\$XXXX	\$XXXX	\$XXXX
Observation				

Total budget for stipends is \$XX,XXX. We anticipate serving X participants with this structure.

Support Services

Description:

Total budget for Support Services

Personnel

Description:

Staff Benefits

Description:

Operating costs

Description:

Evaluation

Description:

Administrative Costs

Description: